

# OPERATION / PERFORMANCE MONITORING REPORT

On-site System Maintainer (OSM) to return with \$10 filing fee to Public Health – Seattle & King County, Environmental Health Division, 900 Oakesdale Ave. SW, Ste.100, Renton, WA 98057  
Tel. (206) 296-4932. Faxed copies will not be accepted due to data entry purposes.

PARCEL (APN):

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DATE OF MONITORING VISIT: / /  
DATE OF NEXT VISIT: / /

**PRESSURE DISTRIBUTION** ☐ **MOUND** ☐ **SAND FILTER** ☐  
**First 6 months after approval** ☐ **Annual** ☐ **3-Year (PD Only)** ☐

Customer Name: \_\_\_\_\_  
Site Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
OSM Name: \_\_\_\_\_ OSM#: \_\_\_\_\_ OSM Tel#:( ) \_\_\_\_\_

- A. SEWAGE SURFACING:** No ☐ Yes ☐ *If yes, answer a-c:* (a.) State where sewage is surfacing in Section IV. (b.) Contained On-site ☐ or Migrating Off-site ☐ (c.) State possible cause(s) of failure in Section IV.
- B. PRE-FAILING SIGNS:** No ☐ Yes ☐ *If yes, state observations in Section IV.*
- C. OSS WORKING PROPERLY:** Yes ☐ No ☐ *If no, state observations in Section IV (i.e. functioning but unable to maintain, etc).*

## I. SEPTIC TANK/PUMP TANK CHARACTERISTICS

- (a.) Septic Tank Size: \_\_\_\_\_ gal. (b.) Pump Tank Size: \_\_\_\_\_ gal. (c.) Tank Material: \_\_\_\_\_
- Solids Accumulation: 

	Scum (inches)	Sludge (inches)	Scum below liquid level (inches)
Septic Tank 1 <sup>st</sup> Compartment			
Septic Tank 2 <sup>nd</sup> Compartment			
Pump Tank			
- Liquid Level is at \_\_\_\_\_, above \_\_\_\_\_, or below \_\_\_\_\_ the invert of outlet pipe.
- Baffles: 

	Satisfactory	Unsatisfactory	Not Accessible	Not Applicable
Inlet Baffle				
Center Baffle				
Outlet Baffle				
- Outlet Baffle Screened: Yes ☐ No ☐ N/A ☐ (a.) If yes, baffle cleaned: Yes ☐ No ☐
- (a.) Pump Functioning Properly: Yes ☐ No ☐ (b.) Alarm Functioning: Yes ☐ No ☐ Not Accessible ☐  
(c.) If no to a or b, explain in Section IV.
- Float Switches Functioning: Yes ☐ No ☐ (a.) If no, explain in Section IV.
- Draw Down Test: (a.) \_\_\_\_\_ Inches/Min (b.) \_\_\_\_\_ Gals/Inch (c.) \_\_\_\_\_ Gals/Minute
- Metering Devices Present: Yes ☐ No ☐ *If yes, answer a-c:*  
(a.) Design Flow: \_\_\_\_\_ gpd (b.) Average Flow: \_\_\_\_\_ gpd (c.) % Design Flow: \_\_\_\_\_ %
- Timer: Yes ☐ No ☐ *If no, record:* \_\_\_\_\_ Gals/Dose *If yes, answer a-c:*  
(a.) Timer Settings: On \_\_\_\_\_ Off \_\_\_\_\_ (b.) New Settings if Adjustments Made: On \_\_\_\_\_ Off \_\_\_\_\_ N/A \_\_\_\_\_  
(c.) If adjustments made, state reason(s) in Section IV.
- (a.) Dose Volume Correct: Yes ☐ No ☐ (b.) Adjustments Necessary: Yes ☐ No ☐
- Signs of Ground Water Intrusion Into Tanks: Yes ☐ No ☐ (a.) If yes, state observations in Section IV.
- Effluent Sampled: No ☐ Yes ☐ (a.) If yes, state results in Section IV.

## II. PRESSURE DISTRIBUTION, MOUND, SAND FILTER CHARACTERISTICS

- Monitoring ports present: Yes ☐ No ☐ (a.) Sand/Mound Bed Ponding: Yes ☐ inches No ☐  
*If pressure distribution system is ponding, answer b-c:* (b.) Ponding equal in each trench: Yes ☐ No ☐ (c.) If unequal ponding, provide diagram in Section IV of ponded trench(es) and label level of ponding in inches for each trench.
- Gravelless Chambers: Yes ☐ No ☐
- MOUND ONLY:** Toe Saturated: Yes ☐ No ☐
- SAND FILTER ONLY:**  
(a.) Sand Filter Disposal/Final Component: Gravity DF \_\_\_\_\_, PD DF \_\_\_\_\_, Mound \_\_\_\_\_, Other \_\_\_\_\_  
(b.) Signs of Sand Filter Short Circuit: Yes ☐ No ☐  
(c.) High water alarm is **on** \_\_\_\_\_ or **below** \_\_\_\_\_ bottom of the sand layer.

## III. RESERVE AREA CHARACTERISTICS

- Satisfactory: Yes ☐ No ☐ (a.) If no, explain: \_\_\_\_\_

## IV. DESCRIBE MAINTENANCE PERFORMED AND PROBLEMS (attach separate sheet if necessary):

Line #: \_\_\_\_\_  
Line #: \_\_\_\_\_  
Line #: \_\_\_\_\_

OSM SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### FOR HEALTH DEPARTMENT USE ONLY:

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_  
Comments: \_\_\_\_\_